24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	<u> </u>		
NCLR Action PAC	FEC IDENTIFICATION NUMBER ▼		
	C C00626390		
Check if 24-hour report 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
Carlier, Natalie, , ,	M M / D D / Y Y Y Y		
[MEMO ITEM] Mailing Address 790 NW 107th Ave	10 01 2016		
Maining Address 790 NW 107th Ave	Amount		
City.	24.00		
City State Zip Code Miami FL 33172-3130	34.99 Transaction ID : VSGF29T4NX7		
	Date of Disbursement or Obligation		
Purpose of Expenditure Reimb: Canvassing Supplies; ultimate payee was Target & AFP Group Category/ Type 006	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support Office	e Sought: House District:		
TRUMP, DONALD J., , ,	President Senate State:		
Calendar Year-To-Date Disbi	ursement For: Primary X General		
Per Election for Office Sought 363601.94 2016	Other (specify)		
Full Name of Payee	Date of Public Distribution/Dissemination		
Enterprise	M M / D D / Y Y Y Y		
[MEMO ITEM] * Mailing Address PO Box 402383	10 01 2016		
1 O BOX 402303	Amount		
City State Zip Code	24468.00		
Atlanta GA 30384-2383	Transaction ID : VSGF29T3Y18		
Purpose of Evpenditure	Date of Disbursement or Obligation		
Estimated Cost: Canvass Transportation Category/ Type 002	M = M / D = D / Y = Y = Y		
Name of Foderal Condidate			
TRUMP DONALD I	e Sought: House District:		
Y Oppose	President Senate State:		
2016	ursement For: Primary S General		
Per Election for Office Sought 363601.94	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	0		
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7		
(c) TOTAL Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political			
party committee) any political party committee or its agent.	is, or the reporting entity to flot a political		
Gonzalez, Lawrence, , , [Electronically Filed] Date	03 2016		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC		C C00626390
Check if 24-hour report 48-hour report New report	Amends report filed on	M / D D / Y Y Y Y Y
Full Name of Payee Mack-Sumner Communications, LLC		f Public Distribution/Dissemination
X * Mailing Address 2001 N Beauregard St	Amoun	10 01 2016
Ste 420		
City State Zip Code Alexandria VA 22311-1	750 Transa	22040.00 action ID : VSGF29T3Y26
Purpose of Expenditure Printing - Canvass Literature Categor Ty		f Disbursement or Obligation
Name of Federal Candidate	Support Office Sought	: House District:
TRUMP, DONALD J., , ,	= ' '	
Calendar Year-To-Date Per Election for Office Sought 363601	.94 Disbursement 2016 Ot	For: Primary X General her (specify) ▶
Full Name of Payee National Council of La Raza x Mailing Address 1126 16th St NW		of Public Distribution/Dissemination
Ste 600	Amour	nt
City State Zip Cod	le "	26278.00
Washington DC 20036-4	10.10	ction ID : VSGF29T4J51 f Disbursement or Obligation
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass Related Cost: 10/1-11/8 Catego Ty	ory/ /pe 001	M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought	: House District:
TRUMP, DONALD J., , ,	Oppose	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought 363601	Disbursement 2016 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· .	7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Gonzalez, Lawrence, , , [Electronically File	d] Date 10	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼		
NCLR Action PAC			
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y = Y		
Full Name of Payee Date of Pu	ublic Distribution/Dissemination		
National Council of La Raza x * National Council of La Raza			
Mailing Address 1126 16th St NW Ste 600 Amount			
City State Zip Code	250.00		
Washington DC 20036-4845 Transaction	350.00 on ID: VSGF29T4JN7 sbursement or Obligation		
Purpose of Expenditure Equipment Rental - Canvass Category/ Type 001			
Name of Federal Candidate Support Office Sought:	House District:		
TRUMP, DONALD J., , , TRUMP, DONALD J., , , President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	r: Primary x General (specify) ▶		
Full Name of Payee Date of Pu	ublic Distribution/Dissemination		
Nordlund, Jared, , , * X 10	/ D D / Y Y Y Y Y Y 2016		
Mailing Address 5449 S Semoran Blvd Amount			
Ste 233			
Olianao - OLOEE 1110	28.95 n ID : VSGF29T4NW9		
Purpose of Expenditure Reimb. Prepaid Debit Card; ultimate payee was Walgreens Category/ Type 006	isbursement or Obligation		
Name of Federal Candidate Support Office Sought:	House District:		
TRUMP, DONALD J., , , TRUMP, DONALD J., , , President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	r: Primary X General (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7		
(c) TOTAL Independent Expenditures	7.1.7.1.2.1		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gonzalez, Lawrence, , , [Electronically Filed] Date 10 0			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼		
NCLR Action PAC	C00626390		
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y		
Full Name of Payee Date of Pu	ublic Distribution/Dissemination		
Professionals for Non-Profits x * 10	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 515 Madison Ave Amount			
City State Zip Code	290402.00		
New York NY 10022-5400 Transaction	on ID : VSGF29T3VK2 isbursement or Obligation		
Purpose of Expenditure Estimated Cost: Canvassing Services 10/1-11/8 Category/ Type 001	/ D = D / Y = Y = Y		
Name of Federal Candidate Support Office Sought:	House District:		
TRUMP, DONALD J., , ,	Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	r: Primary x General (specify) ▶		
Full Name of Payee Date of Pu	ublic Distribution/Dissemination		
Mailing Address			
Amount			
City State Zip Code	7		
	isbursement or Obligation		
Purpose of Expenditure Category/ Type	/ D D / Y Y Y Y		
Name of Federal Candidate Support Office Sought:	House District:		
Oppose President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought Other	r: Primary General (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4 5		
(c) TOTAL Independent Expenditures	24502.99		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gonzalez, Lawrence, , , [Electronically Filed] Date 10 0	2016		
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